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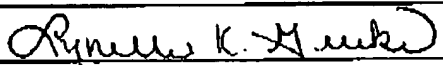
Customer Number

PATENT

Docket No. 55752US019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	William Blake Kolb		
Serial No.:	10/810,065	Examiner:	Kenneth Rinehart
Confirmation No.:	3514	Art Unit:	3749
Filed:	March 26, 2004		
For:	DRY CONVERTING PROCESS AND APPARATUS		

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Facsimile Number 703-872-9306	Signature 
Date of Transmission: June 2, 2005	Printed Name Lynelle K. Grube

AMENDMENT

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Introductory Comments

This is in reply to the Office Action mailed April 12, 2005. Please amend the application as follows:

06/06/2005 JBALINAN 00000050 10810065

01 FC:1806	180.00 DA
02 FC:1202	500.00 DA

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IPLM Group, P.A.
P.O. Box 18455
Minneapolis, MN 55418
612-331-7400 telephone
612-331-7401 facsimile

FACSIMILE TRANSMITTAL LETTER

Attorney Docket No.	Serial No.
55752US019	10/810,065


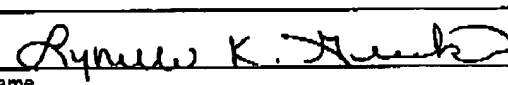
MS: Amendment
Commissioner for Patents
P.O. Box 1450
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TOTAL NO. OF PAGES: 94
Sent to Facsimile No.: 703-872-9306
Examiner Phone No.: (571)272-4881

In re Application of:	William Blake Kolb		
Serial No.:	10/810,065	Examiner:	Kenneth Rinehart
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Filed:	March 26, 2004		
For:	DRY CONVERTING PROCESS AND APPARATUS		
We are transmitting the following documents: Facsimile Transmittal Letter [1 page] Fee Transmittal for FY 2005 [1 page] Amendment [20 pages] w/ attached Replacement Sheet 7 of 11 [1 page] and Form PTO-892 mailed 4/12/2005 [1 page] Supplemental Information Disclosure Statement [2 pages] PTO Form 1449 [1 page] with 2 foreign patent references listed thereon [67 pages]			

Please charge Deposit Account 13-3723 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

Respectfully submitted,

Registration No. 29,524	Direct Dial 612-331-7412	
Date: June 2, 2005	David R. Cleveland	
Certificate of Facsimile Transmission		
Pursuant to 37 CFR 1.8, I certify that this correspondence is being sent to the telephone number shown below, addressed to: MS: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.		
To Facsimile Number 703-872-9306	Signature 	
Date June 2, 2005	Printed Name Lynelle K. Grube	
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/810,065
		Filing Date	March 26, 2004
		First Named Inventor	William Blake Kolb
		Examiner Name	Kenneth Rinehart
		Art Unit	3749
		Attorney Docket No.	55752US019
TOTAL AMOUNT OF PAYMENT			(\$) 680.00

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-3723 Deposit Account Name: 3M Innovative Properties Co.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	5	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
61	-20 or HP =	10	x 50	= 500			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	4	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	-3 or HP =	0	x	=			
HP = highest number of independent claims paid for, if greater than 3							

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental Information Disclosure Statement under 37 CFR 1.97(c) and 1.117(p)

Fees Paid (\$)

180

SUBMITTED BY		Registration No.	Telephone
Signature	<u>David R. Cleveland</u>	29,524 (Attorney/Agent)	612-331-7412
Name (Print/Type)	David R. Cleveland	Date	June 2, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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